

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	20-AUG-01 10:48

Crosswalk Report

CWMS

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Status : IN Substance Abuse and Mental Health Services Administration

Media ID : MACSIS Multi-
Agency Community
Shared Information
System
Office of Applied Studies

Start Date : 01-JUL-99

End Date :

Follow-up :

Treatment Episode Data Set for Ohio

Version : 1

K = Key Field

System

Ohio

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1 System Transaction Type

7 Transaction Type

A Add

A Add Record

C Change

C Change Record

D Delete

D Delete Record

K 2 State Code

S State Code and Reporting Date

3 Reporting Date

S State Code and Reporting Date

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Treatment Episode Data Set for Ohio
Version : 1

K = Key Field
Item

Minimum
Item

Ohio

No.	Treatment Episode Data Set	Value	State System Data
K 1	Provider ID	5	MACSIS UPID No.
K 2	Client ID	1	Client UCI No.
K 3	Co-Dependent/Collateral at Admission	13	Is this client co-dependent/collateral
	2 No	N	No
	1 Yes	Y	Yes
K 4	Client Transaction Type	6	Record Type
	T Transfer/Change in Service	- -	Not Collected
	A Initial Admission	A	Admission
K 5	Date of Admission	8	Admission Date
6	Number of Prior Treatments	21	No. ADA Inpatient Episodes
	0 0	0	00
	1 1	1	01
	2 2	2	02
	3 3	3	03
	4 4	4	04
	5 Or More	5	05 or more
	7 Unknown	Blank	Unkown

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Ohio

No. Treatment Episode Data Set Value State System Data

7	Principal Source of Referral	15	Referred By
01	Individual (self)	A	Individual
02	Alcohol/Drug Abuse Provider	B	Alc./Other Drug Abuse Care Prov.
97	Unknown	Blank	Unknown
03	Other Health Care Provider	C	Mental Health Provider
03	Other Health Care Provider	D	Dual Providers
03	Other Health Care Provider	E	Other Health Care Provider
04	School (education)	F	School
05	Employer/EAP	G	EAP
06	Other Community Referral	H	County Human Services
06	Other Community Referral	I	Other Comm. Ref. CRIMINAL JUSTICE/COURT/DUI
07	Court/Criminal Justice/DUI/DWI	J	State/Federal Court
07	Court/Criminal Justice/DUI/DWI	K	Municipal Court
07	Court/Criminal Justice/DUI/DWI	L	Common Pleas Court
07	Court/Criminal Justice/DUI/DWI	M	Juvenile Court
07	Court/Criminal Justice/DUI/DWI	N	Diversionary Program
07	Court/Criminal Justice/DUI/DWI	O	Prison
07	Court/Criminal Justice/DUI/DWI	P	Other Criminal Justice
07	Court/Criminal Justice/DUI/DWI	Q	Forensic

8	Date of Birth	3	Date of Birth
---	---------------	---	---------------

9	Sex	4	Gender
7	Unknown	-	Can Not Be Blank
2	Female	F	Female
1	Male	M	Male

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No. Treatment Episode Data Set Item Value State System Data

10	Race	M1	Race
13	Asian	A	Asian
04	Black	B	Black
01	Alaskan Native	M	Alaskan Native
02	American Indian	N	American Indian
20	Other	NotCo	Not Collected llected
23	Native Hawaiians or Other Pacific Islanders	P	Native Hawaiian/OPI
97	Unknown	U	Unknown
05	White	W	White
03	Asian or Pacific Islander		

11	Ethnicity	M2	Ethnicity
01	Puerto Rican	A	Puerto Rican
02	Mexican	B	Mexican
03	Cuban	C	Cuban
97	Unknown	Canno	Can not be blank tbebla n
04	Other Hispanic	D	Other Hispanic
05	Not of Hispanic Origin	E	Not of Hispanic Origin

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No. Treatment Episode Data Set Value State System Data

12 Education

00 Less Than One Grade Completed
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
01- Highest School Grade in Number
25 of Years (12=GED)
97 Unknown

16

Educational Level

00 Less than Grade 1
01-11 Grade 1 to 11
12 HS Diploma/GED
13 TEC School
14 SomeCollege
15 Two Year College
16 Four Year College
17 Graduate Courses
18 Graduate Degree
19 Post Graduate Studies
20 Further Spec Studies
Blank Unknown

13 Employment Status

01 Full Time
02 Part Time
97 Unknown
02 Part Time
03 Unemployed
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force
04 Not in Labor Force

18

Employment Status

A Full Time
B Part Time
Blank Unknown
C Sheltered Employment
D Unemployed
E Homemaker
F Student
G Retired
H Disabled
I Inmate of Institution
J Other

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No. Treatment Episode Data Set Value State System Data

14	Substance Problem Codes	35,36, 37 A	Drug Code
01	None	0000	None
02	Alcohol	0201	Alcohol
03	Cocaine, Crack	0301	Crack
03	Cocaine, Crack	0302	Cocaine
04	Marijuana, Hashish, THC	0401	Marijuana/Hashish?THC
05	Heroin	0501	Heroin/Morphine
06	Non-Prescription Methadone	0601	Non-Prescription Methadone
07	Other Opiates and Synthetics	0701	Codeine
07	Other Opiates and Synthetics	0702	D-Propoxyphene
07	Other Opiates and Synthetics	0703	Oxycodone
07	Other Opiates and Synthetics	0704	Meperidine HCL
07	Other Opiates and Synthetics	0705	Hydromorphone (Dilaudid)
07	Other Opiates and Synthetics	0706	Other Narcotic Analgesics
07	Other Opiates and Synthetics	0707	Pentazocine
08	PCP	0801	PCP
09	Other Hallucinogens	0901	LSD (Acid Microdot)
09	Other Hallucinogens	0902	Other Hallucinogens
10	Methamphetamines	1001	Methamphetamine
11	Other Amphetamines	1101	Amphetamines
11	Other Amphetamines	1102	Methylphenidate
12	Other Stimulants	1201	Other Stimulants
13	Benzodiazepines	1301	Alprazolam (Xanax)
13	Benzodiazepines	1302	Chlordiazepoxide (Librium)
13	Benzodiazepines	1303	Clonazepam (Rovone)
13	Benzodiazepines	1304	Diazepam
13	Benzodiazepines	1305	Flurazepam
13	Benzodiazepines	1306	Lorazepam (Ativan)
13	Benzodiazepines	1307	Triazolam
13	Benzodiazepines	1308	Flunitrazepam
13	Benzodiazepines	1309	Benzodiazepine
13	Benzodiazepines	1310	Other Depressants
14	Other Tranquilizers	1401	Meprobamate

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No. Treatment Episode Data Set Value State System Data

14	Substance Problem Codes	35,36, 37 A	Drug Code
14	Other Tranquilizers	1403	Other Tranquilizers
15	Barbiturates	1501	Phenobarbital/Pentobarbital
15	Barbiturates	1502	Secobarbital/Amobarbital
15	Barbiturates	1503	Secobarbital
16	Other Sedatives or Hypnotics	1601	Ethchlorvynol
16	Other Sedatives or Hypnotics	1602	Glutethimide
16	Other Sedatives or Hypnotics	1603	Methaqualone
16	Other Sedatives or Hypnotics	1604	Other Non-Barbituate Sed.
16	Other Sedatives or Hypnotics	1605	Other Sediatives
17	Inhalants	1701	Aerosols
17	Inhalants	1702	Nitrites
17	Inhalants	1703	Other Inhalants
17	Inhalants	1704	Solvents
17	Inhalants	1705	Anesthetics
18	Over-the-Counter	1801	Diphenhydramine
20	Other	2001	Diphenhydramine Sodium
20	Other	2002	Other Drugs
18	Over-the-Counter	2003	Over-The-Counter
97	Unknown	9997	Unknown

15	Usual Route of Administration	35,36, 37 C	Route of Administration
20	Other	-	Not Collected
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalant
04	Injection (IV or intramuscular)	4	Intramuscular
04	Injection (IV or intramuscular)	5	Intravenous
97	Unknown	Blank	Unknown

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		

16	Frequency of Use	35,36, 37 B	Frequency of Use
01	No past month use	0	No Use During Month Before
02	1-3 times in past month	1	Less Than Once Per Week
03	1-2 times per week	2	Once Per Week
04	3-6 times per week	3	Several Times Per Week
05	Daily	4	Once Per Day
05	Daily	5	2-3 Times Per Day
05	Daily	6	More than 3 times per day
97	Unknown	Blank	Unknown

17	Age of First Use or Alcohol Intoxication	35,36, 37 D	Age Calculated Using Date of Birth and Age of First Use
00	Newborn with substance abuse problem	00	Newborn
00-96	Range of Age	01-96	Indicates age
97	Unknown	97	Unknown

K 18	Services	9	Level of Care at Admission
07	Outpatient	A1	Consultations/Intervention
07	Outpatient	B1	Outpatient Services
06	Intensive Outpatient	B2	Intensive Outpatient Services
06	Intensive Outpatient	B3	Day Treatment
05	Long-term, >30 days	C1	Non-Medical Community Residential Treatment
04	Short-term, <=30 days	C2	Medical Community Residential
07	Outpatient	D1	Ambulatory Detoxification
03	Hospital (other than detox)	D2	23 Hours Observation Bed
02	Free-standing Residential	D3	Sub-Acute Detoxification
01	Hospital Inpatient	E1	Acute Hospital Detoxification

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Minimum

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Item

Item

No. Treatment Episode Data Set

Value

State System Data

19	Use of Methadone Planned as Part of Treatment	26	Methadone as Part of Treatment
2	No	N	No
1	Yes	Y	Yes
7	Unknown	blank	Unknown

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Item

Optional

Ohio

No. Treatment Episode Data Set Item Value State System Data

1	Detail Drug Code, Primary	35,36, 37 A	Drug Code
	0201 Alcohol		0201 Alcohol
	0301 Crack		0301 Crack
	0302 Other Cocaine		0302 Cocaine
	0401 Marijuana/Hashish		0401 Marijauna/Hashish?THC
	0501 Heroin/Morphine		0501 Heroin/Morphine
	0601 Methadone		0601 Non-Prescription Methadone
	0701 Codeine		0701 Codeine
	0702 D-Propoxyphene		0702 D-Propoxyphene
	0703 Oxycodone		0703 Oxycodone
	0704 Meperidine HCL		0704 Mepeerihine HCL
	0705 Hydromorphone		0705 Hydromorphone (Dilaudid)
	0706 Other Narcotic Analgesics		0706 Other Narcotic Analgesics
	0707 Pentazocine		0707 Pentazocine
	0801 PCP or PCP Combinations		0801 PCP
	0901 LSD		0901 LSD (Acid Microdot)
	0902 Other Hallucinogens		0902 Other Hallucinogens
	1001 Methamphetamine/Speed		1001 Methamphetamine
	1101 Amphetamine		1101 Amphetamines
	1102 Methylphenidate		1102 Methylphenidate
	1201 Other Stimulants		1201 Other Stimulants
	1301 Alprazolam		1301 Alprazolam (Xanax)
	1302 Chlordiazepoxide		1302 Chlordiazepoxide (Librium)
	1303 Clorazepate		1303 Cloraepate (Traxene)
	1304 Diazepam		1304 Diazepam
	1401 Meprobamate		1401 Meprobamate
	1403 Other Tranquilizer		1403 Other Tranquilizers
	1501 Phenobarbital		1501 Phenobarbital/Pentobarbital
	1502 Secobarbital/Amobarbital		1502 Secobarbital/Amobarbital
	1503 Secobarbital		1503 Secobarbital
	1601 Ethchlorvynol		1601 Ethchlorvynol
	1602 Glutethimide		1602 Glutethimide
	1603 Methaqualone		1603 Methaqualone

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K = Key Field

Optional

Ohio

Item No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	35,36, 37 A	Drug Code	
	1604 Other Non-Barbiturate Sedatives		1604 Other Non-Barbiturate Sed.	
	1605 Other Sedatives		1605 Other Sediatives	
	1701 Aerosols		1701 Aerosols	
	1702 Nitrites		1702 Nitrites	
	1703 Other Inhalants		1703 Other Inhalants	
	1704 Solvents		1704 Solvents	
	1705 Anesthetics		1705 Anesthetics	
	1801 Diphenhydramine		1801 Diphenhydramine	
	2001 Dephenylhydantoin Sodium		2001 Diphenhydrantoin Sodium	
	2002 Other Drugs		2002 Other Drugs	
	2002 Other Drugs		2003 Over-The-Counter	
	9997 Unknown		9997 Unknown	
	1103 Methyleneioxymethamphetamine (MDMA, Ecstasy			
2	Detail Drug Code, Secondary	35,36, 37 A	Drug Code	
3	Detail Drug Code, Tertiary	35,36, 37 A	Drug Code	
4	Substance Abuse Diagnosis Based on DSM III-R Criteria	25	Diagnosis Code	
	###. DSM III-R Category ##		A DSM IIIR XXX.##	
	###. DSM III-R Category ##		B DSM IV XXX.##	
	999. Unknown 97		Blank Unknown	
	###. DSM III-R Category ##		C ICD9 XXX.##	

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K = Key Field

Optional

Ohio

Item

Item

Value

State System Data

No. Treatment Episode Data Set

5 Psychiatric Problem in Addition to Alcohol or Drug Problem 32 Mental Health History

7 Unknown Blank Unknown

2 No N No

1 Yes Y Yes

6 Pregnant at Time of Admission 29 Client Pregnant on Admission

7 Unknown Blank Unknown

2 No N No

1 Yes Y Yes

7 Veteran Status 41 Veterans

7 Unknown Blank Unknown

2 No N No

1 Yes Y Yes

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K = Key Field

Optional

Ohio

Item		Item		Value	State System Data
No.	Treatment Episode Data Set				
8	Living Arrangements	20	Current Living Arrangements		
03	Independent Living		A	Own Home	
03	Independent Living		B	Friend's House	
97	Unknown		Blank	Unknown	
03	Independent Living		C	Relative's House	
02	Dependent Living		D	Supervised Group Living	
02	Dependent Living		E	Supervised Apartment	
03	Independent Living		F	Boarding	
02	Dependent Living		G	Boarding Home	
02	Dependent Living		H	Children's Foster Care	
02	Dependent Living		I	Adult Foster Care	
02	Dependent Living		J	Intermediate Care Facility	
02	Dependent Living		K	Skilled Nursing Facility	
02	Dependent Living		L	Respite	
02	Dependent Living		M	Intermediate Care Facility/MR	
02	Dependent Living		N	Licensed MR Facility	
02	Dependent Living		O	State MR Institution	
02	Dependent Living		P	State Mental Health Institution	
02	Dependent Living		Q	Hospital	
02	Dependent Living		R	Correctional Facility	
01	Homeless		S	Homeless	
02	Dependent Living		T	Rest Home	

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K = Key Field

Optional

Ohio

Item		Item	
No.	Treatment Episode Data Set	Value	State System Data
9	Primary Source of Income or Support	19	Income Source
01	Wages/Salary	A	Wages/Salary
20	Other	B	Family or Relative
97	Unknown	Blank	Unknown
20	Other	C	Alimony
20	Other	D	Child Support
20	Other	E	Savings or Investments
20	Other	G	Unemployment Compensation
03	Retirement/Pension	H	Retirement Pension
03	Retirement/Pension	I	Social Security Retirement
02	Public Assistance	J	General/Relief
02	Public Assistance	K	Aid for Dependent Children
04	Disability	L	Supplemental Security Income - SSI
04	Disability	M	Social Security Disability Income - SSDI
20	Other	N	Other
21	None	P	None
10	Health Insurance	-	Not Collected

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Optional

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Item	Item	Value	State System Data
No.	Treatment Episode Data Set		
11	Expected Primary Source of Payment for This Treatment Episode	39	Reim/Non-Payment
97	Unknown	Blank	Unknown
01	Self-Pay	Y/N	Self/Family
02	Blue Cross/Blue Shield	Y/N	Blue Cross/Blue Shield
03	Medicare	Y/N	Medicare
04	Medicaid	Y/N	Medicaid
05	Other Government Payments	Y/N	Other Government Provider
05	Other Government Payments	Y/N	Forensic 503 Funds
05	Other Government Payments	Y/N	Rehab. Serv. Comm./BVR
05	Other Government Payments	Y/N	Title XX
06	Worker's Compensation	Y/N	Worker's Compensation
07	Other Health Insurance Companies	Y/N	Other Private Insurance
07	Other Health Insurance Companies	Y/N	Private Contract
07	Other Health Insurance Companies	Y/N	HMO/PPO
08	No Charge	Y/N	No Charge
08	No Charge	Y/N	Insurance exhausted
08	No Charge	Y/N	Disputed
08	No Charge	Y/N	Non-Cooperative Client
08	No Charge	Y/N	No Response from Ins.Co
08	No Charge	Y/N	Not Covered
08	No Charge	Y/N	Board Funded
09	Other	Y/N	Court
09	Other	Y/N	Employer/EAP/Union
09	Other	Y/N	Other Payment Source

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Optional

Ohio

No.	Treatment Episode Data Set	Item	Value	State System Data
12	Detailed Not in Labor Force	18	Not In Labor Force	
96	Not Applicable	96	MDS13 = 01-03	
97	Unknown	Blank	Unknown	
01	Homemaker	E	Homemaker	
02	Student	F	Student	
03	Retired	G	Retired	
04	Disabled	H	Disabled	
05	Inmate of Institution	I	Inmate	
06	Other	J	Other	
13	Detailed Criminal Justice Referral Categories	15	Referred By Criminal Justice	
02	Formal Adjudication Process (other than above)	-	Not Collected	
03	Probation/Parole	-	Not Collected	
04	Recognized Legal Entity (other than above)	-	Not Collected	
07	DUI/DWI	-	Not Collected	
96	Not Applicable	96	MDS 7 = 01-06	
97	Unknown	Blank	Unknown	
01	State/Federal Court	J	State/Federal Court	
01	State/Federal Court	K	Municipal Court	
01	State/Federal Court	L	Common Pleas Court	
01	State/Federal Court	M	Juvenile Court	
05	Diversiory Program/TASC	N	Diversiory Program	
06	Prison	O	Prison	
08	Other	P	Other Criminal Justice	
08	Other	Q	Forensic	

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Optional

Ohio

Item

Item

Value

State System Data

No. Treatment Episode Data Set

14 Marital Status

M3

Marital

03	Separated (legally or otherwise absent)	-	Not Collected
97	Unknown	Blank	Unknown
04	Divorced	D	Divorced
02	Now Married or Cohabiting	M	Married
01	Never Married	S	Single
05	Widowed	W	Widowed

15 Time Waiting to Enter Treatment

40

Date Service Requested

000-	Days	000-	BH-8 Admission Date minus BH-40
996		996	Date Service Requested
997	Unknown	Blank	Unknown

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Discharge

Ohio

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID at Discharge	5	MACSIS UPID No.	
105	Client Identifier	1	Client UCI No.	
106	Co-Dependent/Collateral At Discharge	13	Is this client co-dependent/collateral	
	2 No		N	No
	1 Yes		Y	Yes
109	Service at Discharge	9	Level of Care at Admission	
	07 Outpatient		A1	Consultations/Intervention
	07 Outpatient		B1	Outpatient Services
	06 Intensive Outpatient		B2	Intensive Outpatient Services
	06 Intensive Outpatient		B3	Day Treatment
	05 Long-Term, >30 days		C1	Non-Medical Community Residential Treatment
	04 Short-Term, <=30 days		C2	Medical Community Residential
	08 Detoxification		D1	Ambulatory Detoxification
	03 Hospital (Other than Detox)		D2	23 Hours Observation Bed
	02 Free-Standing Residential		D3	Sub-Acute Detoxification
	01 Hospital Inpatient		E1	Acute Hospital Detoxification
146	Date of Last Contact	10	Last Date of Service (Closure Only)	
147	Date of Discharge	11	Closure Date (Closure only)	

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Discharge

Ohio

Item

Item

No. Treatment Episode Data Set

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State System Data

149	Reason for Discharge	12	Disposition at Closure
05	Incarcerated	-	Not Collected
04	Transferred to Another Substance Abuse Treatment Program or Facility	A	Case Closed w/Ref. to Alc./Drug Treat.
04	Transferred to Another Substance Abuse Treatment Program or Facility	B	Case Closed w/Ref. to MH Treat.
08	Date Unknown	Blank	Unknown
04	Transferred to Another Substance Abuse Treatment Program or Facility	C	Case Closed w/Ref. to MH & AOD Treat.
04	Transferred to Another Substance Abuse Treatment Program or Facility	D	Case Closed w/Ref. to AOD Treat.
04	Transferred to Another Substance Abuse Treatment Program or Facility	E	Case Closed w/Ref. to MH Aftercare
04	Transferred to Another Substance Abuse Treatment Program or Facility	F	Case Closed w/Ref. to MH & AOD Aftercare
01	Treatment Complete	G	Goals Met - No Add Services Needed
03	Terminated by Facility	H	Needed Services not Available
02	Left Against Professional Advice (Drop Out)	I	Client Rejects Continuation
07	Other	J	Client did not Return
07	Other	K	Client Moved
06	Death	L	Client Died
07	Other	M	Other

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report